

PSJ3

Exhibit 115

**Endo Pharmaceuticals Inc.**

PER # 02020

Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156
 Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

Institution/OrganizationProgram:

Name: American Academy of Pain Medicine
 Attn: Kathryn M. Checea
 Address: 4700 West Lake Avenue
 Glenview, IL 60025-1485

Scientific/Educational
 Activity:

Tax ID: 36-3874208

Location:

Coordinator:

Name: Kathryn M. Checea

Title: Program Coordinator

Type:

Phone: (847) 375-4765

Fax: (847) 375-4777

Check payable to: American Academy of Pain Medicine

Audience Size:

Notes: No CE agreement needed – annual
 corporate membership dues.
 Please send check by 2/25.

Composition:

Expenses:	Hotel:	Meals:	Ground:	Air:	Other:	Total:
Estimated:						
Actual:						
Explanation:						

Payments:	Estimated:	Actual:	Pay Date:	Invoice #:
Grant:	\$5,000	\$5,000		
	Total Payments:	\$5,000		

Funding Sources: Charge Code: 666400-20010

Total Funding: \$5,000

Linda A. Kitlinski _____

Eileen M. Provost _____

Jeffrey R. Black _____

Carol A. Ammon _____